

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/932,063
Filing Date	8/17/01
First Named Inventor	T. Wallace
Art Unit	2632
Examiner Name	D. Previl
Attorney Docket Number	001

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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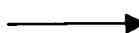
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

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Signature

Terence Wallace

Date

05-05-03

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

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